

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6730

1013

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3 - 6128 Simpson Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>G.</b>		b. (Middle) <b>WILLIAM</b>		c. (Last) <b>SENN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 31 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 23, 1871</b>	
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>F. Otto Senn</b>		13b. MOTHER'S MAIDEN NAME <b>Fredericka Fischer</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Senn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-26-7640</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Senn 6128 Simpson Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>Arterio-sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6-16-48</b>	
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>no</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>no</b>		21f. HOW DID INJURY OCCUR? <b>no</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>no</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>6-16</b> , 19 <b>48</b> , to <b>Jan 30</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>30</b> , 19 <b>50</b> , and that death occurred at <b>3:00A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Thompson Thayer</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>508 N. Grand Ave.</b>		23c. DATE SIGNED <b>1/31/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>Feb. 2, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 31 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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If this body is not embalmed, fact should be so stated above.